

Effective October 1, 2001

Application or Docket Number

4212.3(99-03063)

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
	TAL OLAU10	· I	(Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			26					RATE	FEE	[RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			26 minus 20=		* 6			X\$ 9=		OR	X\$18=	108.
INDEPENDENT CLAIMS			/ mii	nus 3 =	<u>*</u>	*		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "C					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2)						(Column 3)	_	SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		ı	+140=		OR	+280=	
								TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	 r	1	455:			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREV	MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	4.0			.000	1
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-		X42=	·. · · · ·		X84=	
Ľ	FIRST PRESE	ULTIPLE DEPENDEN		IT CLAIM]			OR		1	
	If the gradual to the	man d fo look Hook	ho onto : ! !		to 40# (= = =	dumn 3		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
l "		imber Previously F nber Previously Pa					er fol	und in the ap	propriate bo	x in co	olumn 1.	